

Case Number:	CM14-0123950		
Date Assigned:	08/08/2014	Date of Injury:	05/15/2004
Decision Date:	09/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who reported an injury on 05/15/2004. The mechanism of injury was not stated. On 05/07/2014, he was evaluated and had complaints of low back and bilateral knee pain. On examination, there was tenderness to palpation over the paraspinal musculature of the lumbar region, midline tenderness in the lumbar spine, and muscle spasm noted. There was decreased range of motion and decreased sensation over the L3-4, L4-5 and L5-S1 distribution to the left. There is 4/5 strength in the lower extremities and 1 out of 2 deep tendon reflexes in the knee and ankle. The diagnoses were cervical disc bulge, right sternoclavicular joint dislocation, cervical radiculopathy, left carpal tunnel syndrome, left facet hypertrophy per MRI, left hip trochanteric bursitis, painful retained hardware, status post posterolateral interbody fusion 04/14/2007, lumbar discopathy status post-surgery, and bilateral knee pain. An x-ray of the lumbar spine revealed evidence of positive functional discopathy at L2-3 and L3-4. Prior therapy included medications, trigger point injections, and surgery. The provider recommended an MRI of the lumbar and cervical spine, Norco, Flexeril, and Senokot. The provider stated that due to radiographic findings of worsening symptoms with pain, an MRI would be warranted to show discogenic levels of issues. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS Guidelines state objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment or who do not consider surgery as an option. When the neurologic examination is less clear, however, further, physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. There are no documented red flag conditions and there has been no discussion of the possibility of surgery. Therefore, the request for the lumbar spine without contrast is not medically necessary.

1 MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for 1 MRI of the cervical spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines state for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative and observation fails to improve symptoms. Most injured workers improve quickly provided red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. There is lack of documentation that the injured worker underwent 3 to 4 week conservative care and treatment that failed. Additionally, there is no emergence of a red flag or failure to progress in a strengthening program intended to avoid surgery. Therefore, medical necessity has not been established.

1 Prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, Criteria for use: Opioids - Ongoing Management, When to Discontinue Opioids, When to Continue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication has not been provided. As such, the request is not medically necessary.

1 Prescription of Flexeril 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 5 mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The provider's request for Flexeril 5 mg with a quantity of 60 exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the medication. The provider's rationale for the request is not provided in the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

1 Prescription of Senokot S 8.6-50mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ternent CA, Bastawrous AL, Morin NA, Ellis CN, Hyman NH, Buie WD, Standards Practice Task Force of The American Society of Colon and Rectal Surgeons. Practice parameters for the evaluation and management of constipation. Dis Colon Rectum 2007 Dec;50(12): 2013-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for Senokot 8.6-50 mg #150 is not medically necessary. The California MTUS Guidelines recommend Senokot for constipation. Prophylactic treatment of constipation should be initiated with the use of opioids. As the request for Norco is not medically necessary, the need for Senokot for opioid induced constipation would not be medically necessary. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.